

02/14/00
Jc662 U.S. PTO

02-15-00

#

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	678-454 (P9157)
	First Inventor or Application Identifier	Jae-Yoel Kim
	Title	APPARATUS AND METHOD FOR....
	Express Mail Label No.	EL393560520US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 29] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name	Paul J. Farrell				
Address	Dilworth & Barrese 333 Earle Ovington Blvd.				
City	Uniondale	State	NY	Zip Code	11553
Country	U.S.	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature	<i>Paul J. Farrell</i>	Date	2/14/00

PATENT

Atty. Docket No. 678-454 (P9157)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner
for Patents
Washington, D.C. 20231



UTILITY APPLICATION FEE TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jae-Yoel KIM; Hee-Won KANG; Jae-Min AHN and Seung-Joo MAENG

For: APPARATUS AND METHOD FOR ALLOCATING WALSH CODES IN
CDMA COMMUNICATION SYSTEM HAVING VARIABLE RATE
CHANNEL STRUCTURE

Enclosed are:

- ☒ 20 page(s) of specification
- ☒ 1 page(s) of Abstract
- ☒ 8 page(s) of claims
- ☒ 8 sheets of drawings ☒ formal ☐ informal
- ☐ _____ page(s) of Declaration and Power of Attorney
- ☐ An Assignment of the invention to _____

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date February 14, 2000 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL393560520US addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Kevin C. Ecker

(Type or print name of person mailing paper)

(Signature of person mailing paper)

- ☐ This application claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application(s) No(s).:

APPLICATION NO(S).:

FILING DATE

____/____/____

____/____/____

- ☒ Certified copy of applications

Country

Appln. No.

Filed

Korea

99-5269

February 13, 1999

from which priority under Title 35 United States Code, § 119 is claimed
☐ is enclosed.

☒ will follow.

CALCULATION OF UTILITY APPLICATION FEE

For	Number Filed	Number Extra	Rate	Basic Fee \$690.00
TOTAL CLAIMS	29	9	x 18 =	\$162.00
INDEPENDENT CLAIMS	7	4	x 78 =	\$312.00
<input type="checkbox"/> Multiple Dep. Claim	0		260	\$0
			TOTAL \$1,164.00	

- ☐ Verified Statement of "Small Entity" Status Under 37 C.F.R. § 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of total) paid herewith \$.

*Includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).


☐ The amount of \$40.00 for recording the attached Assignment is enclosed as a separate check.

☒ Check in the amount of \$1,164.00 to cover the ☐ recording, ☒ filing fee(s) are attached.

☐ Charge fee to Deposit Account No. 04-1121. Order No. _____
TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Date: February 14, 2000



Paul J. Farrell
Reg. No. 33,494

DILWORTH & BARRESE
333 Earle Ovington Blvd.
Uniondale, NY 11553
Tel. No. (516) 228-8484
Fax. (516) 228-8516